

**Parent/Guardian Permission for Frontier Girls Activity or Trip and
Consent to Medical Treatment**

Troop # _____

Girl's Name: _____

Nature of the Activity or Trip: _____

Destination: _____

Departure Date: _____ Time: _____ Location: _____

Return Date: _____ Time: _____ Location: _____

Means of transportation: _____

Leaders/Volunteers Supervising: _____

I understand the nature of the Frontier Girls activity or trip in which my daughter will be participating and that she is expected to abide by all Frontier Girls rules, policies, and procedures at all times. I hereby give my permission for my daughter to participate in the above described activity or trip. I understand that in the event of an accident, illness or any other circumstance requiring medical treatment, such treatment may be procured for my daughter at my own expense.

Date: _____ Signature of Parent/Guardian: _____

I (We) the undersigned parent, parents or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Date: _____ Signature of Parent/Guardian: _____

(A copy of this permission form as well as a copy of the girl's health form should be kept by the supervising volunteer during the activity or trip.)